Supporting Statement A

OMB Control No. 0915-XXXX

Terms of Clearance: None

A. Justification

1. <u>Circumstances Making the Collection of Information Necessary</u>

The Health Resources and Services Administration (HRSA)'s Federal Office of Rural Health Policy (ORHP) is requesting OMB approval to collect information on grantee activities and on new performance measures electronically through the Community Health Systems Development portal (which is a database managed through a contract that ORHP has with a technical assistance contractor, who also provides technical assistance to the Rural Health Care Services Outreach grantees). The Community Health Systems Development portal is the reporting system for the Outreach Supplemental grantees. The Rural Health Care Services Outreach Supplement Performance Measures form is a tool that allows ORHP to measure the impact of the grant funding.

It should be noted that in its authorizing language (SEC. 711. [42 U.S.C. 912]), Congress charged ORHP with "administering grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas." ORHP's mission is to sustain and improve access to quality health care services for rural communities.

This activity will collect information for the FY13 Rural Health Care Services Outreach Program ("Outreach") Supplemental Funding. The FY 2013 Supplemental Funding to the Rural Health Care Services Outreach Program(Outreach Program) grantees is a one-time supplemental funding under Section 330A (e) of the Public Health Service (PHS) Act (42 U.S.C. 254c(e)) to promote rural health care services outreach by expanding the delivery of health care services to include new and enhanced services in rural areas. The supplemental funding will specifically focus on supporting the current scope of their project, allowing grantees to further enhance outreach and enrollment assistance activities in their communities. This supplemental funding will support the Affordable Care Act's (ACA) outreach and enrollment activities to the Health Insurance Marketplaces. Grantees will be able to raise awareness of affordable insurance options and provide assistance and information to the uninsured about enrolling in available sources of insurance, such as Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and private insurance in the Marketplace through this supplemental funding.

The overarching goal is to increase the number of eligible individuals educated about their coverage options and enrollees to the Health Insurance Marketplaces or other available sources of insurance, such as Medicare, Medicaid and the Children's Health Insurance Program as a result of this supplemental funding.

2. <u>Purpose and Use of Information Collection</u>

ORHP will collect data for the FY13 Outreach Supplemental Funding twice during an eight month project period The purpose of this data collection is to provide HRSA with information on how well each grantee is supporting the Affordable Care Act's (ACA) outreach and enrollment activities to the Health Insurance Marketplaces.

Data will provide quantitative information about the ACA projects, specifically on: a) the organizational details, b) outreach and enrollment personnel, c) outreach and education, d) enrollment, and e) additional resources.

This assessment will provide useful information on the Outreach program and will enable HRSA to assess the success of this one-time supplemental funding. It will also ensure that funded organizations have demonstrated adequate outreach and enrollment activities in their communities and those federal funds are being effectively used to support ACA outreach and enrollment.

The type of information requested in the Outreach Supplement Funding enables ORHP to assess the following characteristics about its programs:

- The organizational landscape in which the funded entity is operating under
- The number of outreach and education personnel
- The quantity and types of outreach and enrollment activities engaged by the funded entity
- The number of individuals enrolled
- Additional resources received

The database is capable of identifying and responding to the needs of the grantees that received the Outreach Supplemental Funding. The database

- Provides uniformly defined data for major ORHP grant programs.
- Facilitates the electronic transmission of data by the grantees, through use of standard formats and definitions.

3. <u>Use of Improved Information Technology and Burden Reduction</u>

This activity is fully electronic. Data will be collected through and maintained in a database in the Community Health Systems Development (CHSD) portal (which is a database managed through a contract that ORHP has with a technical assistance contractor, who also provides

technical assistance to the Outreach grantees). The CHSD portal is a website that the Outreach Supplemental grantees will use to submit their data for this one time supplemental funding. Grantees can email or call the CHSD portal staff for help with the website. As this database is fully electronic, burden is reduced for the grantee and program staff. The time burden is minimal, since there is no data entry element for program staff due to the electronic transmission from grantee systems to the CHSD portal; additionally, there is less chance of error in translating data and analysis of the data.

4. Efforts to Identify Duplication and Use of Similar Information

There is no other data source available that tracks the characteristics of rural entities who are doing outreach and enrollment activities.

5. Impact on Small Businesses or Other Small Entities

Every effort has been made to ensure the data requested is data that is currently being collected by the projects or can be easily incorporated into normal project procedures. Data being requested by projects is useful in determining whether grantee goals and objectives are being met. The data collection activities will not have a significant impact on small entities.

6. <u>Consequences of Collecting the Information Less Frequently</u>

Respondents will respond to this data collection twice during their eight month project period. This information is needed by the program, ORHP and HRSA in order to measure effective use of grant dollars to report on progress toward strategic goals and objectives. There are no legal obstacles to reduce the burden.

7. <u>Special Circumstances Relating to the Guidelines of 5 CFR 1320.5</u>

This project is consistent with the guidelines in 5 CFR 1320.5.

8. <u>Comments in Response to the Federal Register Notice/Outside Consultation</u>

Section 8A:

A 60-day Federal Register Notice was published in the Federal Register on February 18, 2014, vol. 79, No. 32 ; pp. 9235. There were no comments.

Section 8B:

In order to create a final set of performance measures that are useful for the Outreach Supplemental grantees, a set of measures were vetted to nine or less participating grantee organizations in 2014. The following grantees were consulted: Michelle Brauns Executive Director Giles Free Clinic Office: 540-381-0820 Email: <u>mbrauns@nrvfreeclinic.org</u>

Linda Matessino, RN, MPH Executive Director Innis Community Health Center Phone: 225-492-3775 Email: <u>linda@inchc.org</u>

Irma Rangel, LCSW Director Woodlake Family Resource Center Office: 559-564-5212 Email: <u>irangel@w-usd.org</u>

Patricia Hubbard Project Director Lake County Tribal Health Consortium, Inc Office: 707-263-8382 Ext: 110 Email: <u>phubbard@lcthc.org</u>

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive payment or gifts and will not be remunerated.

10. Assurance of Confidentiality Provided to Respondents

The data system does not involve the reporting of information about identifiable individuals; therefore, the Privacy Act is not applicable to this activity. The proposed performance measures will be used only in aggregate data form for program activities.

11. Justification for Sensitive Questions

There are no sensitive questions.

12. Estimates of Annualized Hour and Cost Burden

12A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Outreach Supplementa I Grantee key personnel (project director)	Rural Health Care Services Outreach Supplement Performance Measures	52	1	1.5	78
Total		52	1	1.5	78

These estimates were determined by consultations with four (4) current grantees from the program. These grantees were sent a draft of the questions that pertain to their program. They were asked to estimate how much time it would take to answer the questions.

It should also be noted that the burden is expected to vary across the grantees. This variation is tied primarily to the type of program activities specific to the grantee's project and their current data collection system.

12B.

Estimated Annualized Burden Costs

Type of Responden t	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Project Director	78	\$52.11	\$4,064.58
Total	78	\$52.11	\$4,064.58

Source of hourly wage rate: <u>http://www.bls.gov/oes/current/oes_nat.htm</u>

13. <u>Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital</u> <u>Costs</u>

There is no capital or start-up cost component for this collection.

14. Annualized Cost to Federal Government

Annual data collection for this program is expected to be carried out at a cost to the Federal Government of \$33,000. Staff at ORHP monitor the contracts and provide guidance to grantee

project staff at a cost of \$3,309.12 per year (72 hours per year at \$45.96 per hour at a GS-13, Step 3 salary level). The total annualized cost to the government for this project is \$36,309.12.

15. Explanation for Program Changes or Adjustments

This is new data collection.

16. Plans for Tabulation, Publication, and Project Time Schedule

There are no plans to publish the data. The data may be used on an aggregate program level to document the impact and success of program. This information might be used in the ORHP Annual Report produced internally for the agency.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The expiration date will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.